

SAME DAY CONSULT/SURGERY FORM – ADELAIDE

**THIS FORM MUST BE COMPLETED IN FULL BEFORE
 CONSULT / SAME DAY SURGERY WILL BE CONSIDERED**



INSTRUCTIONS:

To enable your surgeon to decide if you are a suitable candidate for Same Day Consult and Surgery you are required to provide the following information. Once this form has been completed it must be forwarded to our office with your Referral letter and X-ray. Please ensure you provide a home number and mobile number on this form. These can either be:

- Post to: Patient Liaison Officer
 Level 2, 1 Hutt Street
 Adelaide SA 5000
- Emailed to: reception@oromax.com.au

Once received, one of our surgeons will review your referral and x-ray and determine whether your surgery needs to be performed in a private hospital or under Intravenous Sedation in our Day Surgery.

You will then be contacted by a Patient Liaison Officer to advise you of the preferred treatment plan and an estimate of fees.

FEES:

- Surgeons fees are payable on the day of surgery.
- Anaesthetist fees are payable a few days prior to your surgery.
- Hospital fees are payable on the day of surgery.

CARER:

You must attend with a suitable carer as you will not be able to drive after your surgery.

FASTING

Our team will give you fasting instructions when your surgery is booked.

If you decide to proceed:

- A morning consultation appointment will be made for you at Level 2, 1 Hutt Street Adelaide.
- A surgery time will be booked in Adelaide and you will be advised of the location.

MEDICATIONS:

Are you taking blood thinners? Yes No

Do you have any allergies or sensitivities to any medications? Yes No

Please list your current medications/tablets/drugs (attach separate sheet if required).

Title	Dr/Mr/Mrs/Miss/Ms
Given Names	
Surname	
Date of Birth	
Email	
Postal Address	
Telephone Home	
Telephone Mobile	
Medicare Card No	
Medicare Card Expiry	
Medicare Card Ref No	
Veteran Affairs No	
Self-Insured	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had insurance for over 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Fund Name	
Fund Membership No	
Cover type	<input type="checkbox"/> Hospital <input type="checkbox"/> Dental
Do you smoke	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Weight	
Height	
MEDICAL HISTORY: (Please list)	
Patient Signature:	
Date:	

Level 2, 1 Hutt Street
Adelaide SA 5000
P: 08 8232 3525
F: 08 8232 3527
E: reception@oromax.com.au
W: www.oromax.com.au

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OFFICE USE: *Issued by:*

Date:

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